

VENDOR APPLICATION

WNC Farmers Market
570 Brevard Road
Asheville, NC 28806
828-253-1693

*Please complete and return to the market office. Management will review and determine space availability and any other items required for your business. Many areas on the market do have a waiting list at this time. This application expires on December 31st of each calendar year. To be considered for space you must resubmit an application each year.

Business or Farm Name: _____

Contact Name: _____

Business or Farm Mailing

Address: _____ City _____ State _____ Zip _____
Street address/PO Box

County: _____

Home Address: _____ City _____ State _____ Zip _____

County: _____

Telephone Numbers (PLEASE CIRCLE OR HIGHLIGHT THE PHONE NUMBERS THAT ARE OK TO GIVE OUT TO CUSTOMERS) (OTHER NUMBERS WILL ONLY BE USED BY MARKET STAFF IN THE EVENT OF AN EMERGENCY)

Business or Farm: _____ Home: _____

Contact Names(s) & Cell Phone Numbers(s): _____

Website Address: _____

Emergency Contact: _____
Name Home # Cell #

Emergency Contact: _____
Name Home # Cell #

Please circle the area you are requesting to sell in:

Market Shoppes

Wholesale Truckers Shed

Farmers Area

Fully describe experience in agricultural business. Include any farming interest, offsite facilities available, equipment, vehicles, etc. Use additional pages if necessary in describing experience.

Fully describe type of business. List months you plan to operate. Use additional pages if necessary in describing business. Please list all items that you produce or that you plan to sell.

Amount of Space Requested _____

Do you prefer to (indicate by check mark)

_____ Wholesale Only-Sell only in unbroken containers (excluding melons)

_____ Wholesale and Retail _____ Retail Only

For Seafood Only

Commercial Fisherman's Name and License Number _____

Fish Dealers Name and License Number _____

Proposal submitted by: _____ Date: _____

